



Quality Assurance Performance Improvement (QAPI)

Validation Report

I _____ on behalf of _____ hereby attest that this facility conducted its monthly QAPI meeting on _____ at _____.

I understand that both holding the monthly meeting and correctly submitting this document are contingent upon receiving payments under Component 1 of the Quality Incentive Payment Program (QIPP), as set forth in the UCM contract, and in compliance the rules set forth in 1 TAC Chapter 353, Subchapter O, §§353.1301 and 353.1303 concerning the Quality Incentive Payment Program (QIPP).

I further understand that this form will be considered submitted correctly:

- if received by HHSC by close of business on the first business day of the following month;
- the submission is completed through the following link:
https://www.surveymonkey.com/r/QIPP_QAPI_Submission; and
- the uploaded file is named with the following information:
 - Facility Name
 - Month The Meeting Took Place
 - **Example: Stoneybrook Manor September**

If any information given to or investigation on behalf of HHSC determines that the attestation herein is false or misleading, I understand that this facility may be required to participate in an audit and/or pay back any funds related to Component 1 of QIPP (i.e., QAPI).

Signature of Responsible Party Listed Above

Date of Signature

If you have any questions or concerns about monthly the QAPI Validation Report, please email MCS_QIPP_QAPI@hhsc.state.tx.us with a clearly titled Subject line.